1393699

FORM D

RECEIVED

DIS. SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

SEC USE ONLY
Prefix Serial

D.

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Entitlement Offer

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULO.

UNIFORM LIMITED OFFERING EXEMPTION

	A. BASIC IDENTIFICATION DA	ATA
1. Enter the information requeste	ed about the issuer	
Name of Issuer (check if this is	an amendment and name has changed, and indicate cha	ange.)
WorleyParsons Limited		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Level 7, 116 Miller Street, North	Sydney, NSW 2060, Australia	+61 2 8923 6866
Address of Principal Business Ope	rations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Office	s)	, , ,
N/A		N/A
Brief Description of Business		
Provider of professional services	to the energy, resource and complex process indust	ries.
Type of Business Organization		
	☐ limited partnership, already formed	other (please specify):
☐ business trust	☐ limited partnership, to be formed	

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

03

Year

01

CN for Canada; FN for other foreign jurisdiction)

☑ Actual ☐ Estimated

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: FN

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

PROCESSED
MAR 2 0 2007

THOMSON

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Stuart Bradie
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Grahame Campbell
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Robert Edwardes
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Erich Fraunschiel
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \square Executive Officer \square Director \square General and/or Managing Partner Full Name (Last name first, if individual)
Full Name (Last name first, if individual)
Full Name (Last name first, if individual) John Green
Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)
Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director □ General and/or Managing Partner Full Name (Last name first, if individual) John Grill
Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia Check Box(es) that Apply: □ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director □ General and/or Managing Partner Full Name (Last name first, if individual) John Grill Business or Residence Address (Number and Street, City, State, Zip Code)
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Full Name (Last name first, if individual) John Green Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) John Grill Business or Residence Address (Number and Street, City, State, Zip Code) Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)

Check Box(es) that Apply: \square Promoter \square Beneficial Owner \boxtimes Executive Officer \square Director \square General and/or Managing Partner
Full Name (Last name first, if individual)
William Hall
Business or Residence Address (Number and Street, City, State, Zip Code)
5 Greenway Plaza, Houston, Texas, 77046, USA
Check Box(es) that Apply: \square Promoter \square Beneficial Owner \boxtimes Executive Officer \square Director \square General and/or Managing Partner
Full Name (Last name first, if individual)
David Housego
Business or Residence Address (Number and Street, City, State, Zip Code)
5 Greenway Plaza, Houston, Texas, 77046, USA
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Ron McNeilly
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Peter Meurs
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Jeffery Osborne
Business or Residence Address (Number and Street, City, State, Zip Code)
5 Greenway Plaza, Houston, Texas, 77046, USA
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Edward Pagano
Business or Residence Address (Number and Street, City, State, Zip Code)
5 Greenway Plaza, Houston, Texas, 77046, USA
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Iain Ross
Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Harry Sauer
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Sharon Sills
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
David Steele
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner 🗵 Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Andrew Wood
Business or Residence Address (Number and Street, City, State, Zip Code)
Level 7, 116 Miller Street, North Sydney, NSW 2060, Australia
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
N/A
Business or Residence Address (Number and Street, City, State, Zip Code)
N/A
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner
Full Name (Last name first, if individual)
N/A
Business or Residence Address (Number and Street, City, State, Zip Code)
N/A
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
N/A
Business or Residence Address (Number and Street, City, State, Zip Code)
N/A

				l	B. INFO	RMATION	ABOUT	OFFERIN	G				
		,										Yes	No
1.	Has the issu	er sold, or d	oes the iss	uer intend t	sell, to n	on-accredit	ed investo	rs in this of	fering?				X
				Answer	also in A	ppendix, Co	olumn 2, is	f filing unde	r ULOE.				
2.	What is the	minimum in	vestment t	that will be	accepted f	rom any inc	lividual?					\$21	*00.
3.	Does the off	ering permi	t joint own	ership of a	single uni	1?							X
remu: agent	neration for of a broker	solicitation	of purchas gistered w	ers in conni ith the SEC	ection with and/or wi	h sales of se th a state or	curities in states, lis	the offering	g. If a persof the brok	son to be li er or deale	sted is an a	sion or similar essociated persoi than five (5) per	
Full 1	Name (Last	name first, i	f individua	al)									
UBS	Securities l	LLC											
Busir	ess or Resi	dence Addre	ess (Numbe	er and Stree	t, City, Sta	ate, Zip Coc	le)						
299 F	ark Ave, N	lew York, N	lew York	10171									
Name	of Associa	ted Broker of	or Dealer			***							
		Person Liste States" or o										□ All S	itates
[<u>AL</u>]	[AK]	[AZ]	[AR]	([CA])	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NA)	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Name (Last	name first, i	f individua	al)									
N/A													
Busir	ess or Resi	dence Addre	ss (Numb	er and Stree	t, City, Sta	ate, Zip Coo	le)						
N/A													
Name	e of Associa	ted Broker o	or Dealer										
N/A													
State		Person Liste k "All States										All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	Name (Last	name first, i	f individua	ıl)									
N/A										- 			
Busir	ess or Resi	dence Addre	ess (Numbe	er and Stree	t, City, Sta	ate, Zip Cod	le)						
N/A													
Name	e of Associa	ted Broker o	or Dealer										
N/A													
State		Person Liste k "All States										All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]	
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

^{*}This offering was conducted in Australian dollars. All currency referred to herein is reflected in Australian dollars. On the date of filing, the Australian to US dollar exchange rate is 1.29249:1.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u> </u>	\$0
	Equity	\$ 21,154,119	\$ <u>21,154,119</u> *
	☑ Common ☐ Preferred	\$ <u>0</u>	\$
	Convertible Securities (including warrants)	Φ 0	\$
	Partnership Interests	\$ <u> </u>	\$
	Other (Specify)	\$ 21,154,119	\$ 21,154,119
	Total	<u>\$ 21,134,119</u>	<u> </u>
	Answer also in Appendix Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	12	\$ 21,154,119
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$(
	Regulation A	N/A	\$
	Rule 504	N/A	\$(
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ (
	Printing and Engraving Costs		- \$
	Legal Fees		S \$ 25,000
	Accounting Fees		□ \$ <u> </u>
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		S \$ 520,646

Other Expenses (identify _____).....

Total

545,646

^{*} This offering was conducted in Australian dollars. All currency referred to herein is reflected in Australian dollars. On the date of filing, the Australian to US dollar exchange rate is 1.29249:1.

[†] Sales Commissions consists of a base fee of 1.75% and an incentive fee of 0.5% of the total Take-up and Renounced amount sold.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature WorleyParsons Limited Alaa Date March 2007 Name of Signer (Print or Type) Title of Signer (Print or Type) Company Secretary ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🗵
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
WorleyParsons Limited	Shana sel	1 March 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Sharon Sills	Company Secre	etary
	, 7	7

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

•				APPE	NDIX					
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			offering price offered in state (Part C-Item 1)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ	<u> </u>									
AR				_	D. 100 ((0)					
CA	ļ <u>-</u>	Х	Common Stock; \$4,428,669	1	\$4,428,669*	N/A	N/A	-	Х	
CO	<u> </u>									
CT DE					[
DC								 	<u> </u>	
FL	 							-		
GA		х	Common Stock; \$7,917	1	\$7,917	N/A	N/A		х	
HI.			, , ,		,	· · ·		 		
ID										
IL		Х	Common Stock; \$553,476	1	\$553,476	N/A	N/A		х	
IN								1		
IA		Х	Common Stock; \$3,785,313	1	\$3,785,313	N/A	N/A		х	
KS	ļ									
KY										
LA										
ME	<u> </u>				 		<u> </u>	ļ		
MD										
MA		Х	Common Stock; \$9,920,169	2	\$9,920,169	N/A	N/A		X	
MI							1	-		
MN					<u> </u>		-	-		
MS										
MO MT	<u></u>									
NE										
NV								 		
NH	· · · · · ·									
NJ								 		
NM	ļ <u></u>			<u> </u>						
NY		X	Common Stock; \$2,250,381	3	\$2,250,381	N/A	N/A		х	
NC										
ND	 									
ОН	·							1	-	
ОК										
OR						· · · · · · · · · · · · · · · · · · ·				
PA										

				APPE	NDIX					
1	1	2	3 4						5	
	Type of security Intend to sell and aggregate to non-accredited offering price investors in State offered in state (Part B-Item 1) (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
	Number of Number of Accredited Non-Accredited									
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
RI										
SC										
SD										
TN										
TX		X	Common Stock; \$208,194	3	\$208,194	N/A	N/A		Х	
UT										
VT	1									
VA										
WA					· · ·					
wv										
WI										
WY										
PR										



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